

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M.K.	1107	10/25/01
RESPONSE FORMALITY REVIEW	J.M.	927	01/17/02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	+	1/5/03	
2	+	9/27/03	
3	+	9/27/03	
4	+	9/27/03	
5	+	9/27/03	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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01-14-02  
 720  
 10-25-01